

EXHIBIT B

6/17/2019 12:38 PM

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Editor: Chappel, Rachel, MA (Clin/Cler Med Asst)

6/17/2019

Lewis, Michael Kent

Re: Harold Nero

SUBJECTIVE:

Reason for Visit: Abnormal Test (ECHO)

History:

I had the pleasure of seeing Harold Nero for follow up. As you recall, he is a 44 y old male with hypertension. He also has history of rhabdomyolysis with chronic pain. He has history of seizures as well as asthma. He was hospitalized 12/2018 with elevated hypertension and elevated CPK. He complains of occasional spells of chest pain while lying down on his left side. He complains of random spells of dizziness and lightheadedness. He complains of lower extremity edema, worse on left. He has numbness from his hip down on the right.

Cardiac Risk Factors were discussed:

Hypertension: Yes. His blood pressure was again elevated in the office today. It has been elevated at home as well. I started him on Procardia today.

Hyperlipidemia: No.

Diabetes: No.

Smoking: No.

BMI > 30: Yes.

Sedentary lifestyle: No. He exercises daily

Cardiac Testing/Procedures:

CTA thorax 6/11/19 showed a maximal dimension of the aorta is seen with the ascending aorta measuring 3.6 cm. No sizable aneurysm is seen, small pericardial effusion.

Echocardiogram 3/18/19 showed severe asymmetric septal hypertrophy with septal thickness measuring 2.3, posterior wall measures 1.3 cm suspicious for hypertrophic cardiomyopathy, mild LAE, trace MR and TR. Aortic root diameter mildly enlarged at 4.0 cm. CTA was recommended.

Stress test 4/23/19 was negative for reversible ischemia.

Medications:**Current Outpatient Medications**

Medication	Sig
• albuterol (VENTOLIN HFA) 108 (90 BASE) MCG/ACT HFA inhaler	Take 2 Puffs by inhalation every 6 hours as needed.
• carvedilol (COREG) 25 MG tablet	Take 2 Tabs by mouth twice daily after meals
• lisinopril (PRINIVIL) 40 MG tablet	Take 40 mg by mouth daily.
• NIFEdipine (PROCARDIA XL) 30 MG SR tablets	Take 1 Tab by mouth daily.
• sertraline (ZOLOFT) 100 MG tablet	Take 100 mg by mouth daily.
• traZODone (DESYREL) 50 MG tablet	Take 50 mg by mouth at bedtime.

M. Kent
6/22/19

EXHIBIT B

Nero, Harold (MRN 124-06-20)

Encounter Date: 06/17/2019

- * triamterene-hydrochlorothiazide (DYAZIDE) 37.5-25 MG capsule Take 1 Cap by mouth daily.
- * vitamin D3 (CHOLECALCIFEROL) Take 5,000 Units by mouth daily. 5000 UNIT CAPS capsule

Review of Systems

Constitutional: Negative for malaise/fatigue and weight loss.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Positive for chest pain and leg swelling. Negative for palpitations, orthopnea, claudication and PND.

Gastrointestinal: Negative for abdominal pain and heartburn.

Musculoskeletal: Negative for myalgias.

Neurological: Positive for dizziness and tingling (numbness in right leg) Negative for loss of consciousness and weakness.

OBJECTIVE:BP (l) 150/120 | Pulse 74 | Ht 6' 4" (1.93 m) | Wt 337 lb (152.9 kg) | BMI 41.02 kg/m²**Physical Exam**

Constitutional: He appears well-developed and well-nourished. No distress.

Eyes: Conjunctivae are normal.

Neck: No JVD present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress.

Musculoskeletal: He exhibits no edema.

ECG:

No results found for this visit on 06/17/19.

ASSESSMENT:

1. Chest pain in adult
2. Hypertrophic cardiomyopathy (HCC)
3. Essential hypertension

RECOMMENDATION/PLAN:

MEDICAL TREATMENT. The patient was advised to continue medical treatment. Check blood pressure daily after sitting and resting for 10 minutes. Start Procardia 30 mg daily. This can be up-titrated weekly as needed for blood pressure with blood pressure goal of 130/80. (Titration schedule: If blood pressure is not controlled on Procardia 30 mg daily after 1 week may be up-titrated to 60 mg daily, then after 1 week may up-titrate to 90 mg daily, after 1 week may up-titrate to 60 mg twice daily, after 1 week may up-titrate to 90 mg twice daily.) If blood pressure continues to run high at that point, consider addition of minoxidil 2.5 mg daily to a maximum 10 mg daily and start looking for secondary condition to hypertension (renal artery stenosis, primary aldosteronism, obstructive sleep apnea, pheochromocytoma and Cushing's) with ABI and 24 hour urine for catecholamines

MR # 124-06-20)

Encounter Date: 06/17/2019

At this point, he does not need further work up. I would be happy to see him back if symptoms persist or worsen.
Recheck echocardiogram in 1 year.

TESTING: The following test were ordered:

ORDERS

- NIFedipine (PROCARDIA XL) 30 MG SR tablets

PATIENT MONITORING & LIFESTYLE: The patient was counseled, continuing current lifestyle modifications, low cholesterol diet, regular sustained exercise for at least 30 minutes 5 times per week, home blood pressure monitoring and calling us immediately or report to the ER if there is any increase in severity, in frequency or change in character of symptoms of chest pain, dizziness, light headedness, palpitations and shortness of breath.

RETURN VISIT: The patient was instructed to return as needed.

Office Visit
on
6/17/2019